

**Filp Chart Notes from the Visioning Exercise**

**Small Group 1 - Future Trends that Affect the Workforce**

- Need for bilingual-diverse workforce of different cultures  
Understanding different cultures from age to ethnicity—cultural competency “global too”
- Need for workforce with soft skills—negotiation, collaboration, persuasion, etc.
- Need continual re-tooling of staff. What do we do with those we can't re-tool?
- Need for staff with analytical skills to review data & take data based approach to “population health systems”
- Motivation/capacity to learn relevant scientific/tech advances in technical skill sets (IT, lab, etc.) that changes with technology (keeps pace)
- Preserving local health system in the face of upper urbanization
- Learning support resources & tools – e.g. computers, software consultants, release time (for recruitment too)
- Connect need for learning with what's in it for them & org benefits
- Mentoring systems that foster growth & development of key organization/system goals
- Utilize PHEPR structure of RLS to implement learning support resource system – build regional capacity to broker need for resources in local areas

**Small Group 2 - Workforce Management: Today's Experiences – Implications for the Future**

- Types of job difficult to recruit
  - Management positions
  - Nurses with experience & background in public health
  - EH (salary)
  - Positions that require more experience & education
  - Someone with key management skills
- Barriers that cause difficulty
  - Salary
  - Do not identify PH as a profession
  - Public health is part of government (govt. waste and expect to work for nothing)
  - People don't know what PH is or what it does
- How to change
  - Educate public about what education is and does
  - Career track for PH management
  - Provide training necessary for PH employees to go to the next level
  - Partnerships with universities
  - Recognize those with potential and provide them with skills to move to the next level
  - Build training time into cost structure. Training built into indirect costs
  - Get away from discipline approach to PH
- Current job classes
  - Not a major issue/have just redone
  - Do not need more of a certain type of job class
  - No new skills areas are needed
- Access to management training
  - Have access, but don't use it (cost)
- Succession planning
  - No, do not have
  - Have attempted
  - Many unknowns
  - More difficult for higher level positions
  - Is it a good idea at high levels?
  - FTE's don't allow for overlap, so there is no way to mentor new managers
  - Cross-train with \$ to support

- Access to leadership development programs (we are using)
  - NPHLI
  - NWPHLI
- Strategic plan
  - Strategic plan is being used
  - Workers are skilled in this plan

### **Small Group 3 – Learning Management—The Delivery System**

- Barriers that keep people from pursuing learning opportunities
  - Perception of change
    - Historical
    - Program specific vs. broader view
    - Training viewed as an asset to the organization
    - Need to know what training
  - Change (training) has to be non-threatening
  - Constant, efficacious learning is mission critical
  - Culture change is local
  - Funding/technology barriers
- Strategies to add to fit learning needs of workers
  - Offer content in multi formats
  - Incentives

### **Whole Group Discussion - Visioning Summary**

- Infrastructure – i.e. BT Grant—broader scope, regional learning capacities
- Range of skills – tech; “soft”-better ability to match up skills with commodities. Negotiation, collaboration, partnering
  - Train who is here to accommodate environmental changes
  - Recruitment targets – know what they are & how they change.
- Technology – pace of change...
  - Keep up with work & recruiting (IT/Lab, medical and science advances). If you don't keep up....can't recruit
  - Tools to work
- Continuing education expected
- It may be important to the agency, but how do we get the governance board to value learning?
- Skills vs. Experience (people may have skills that have previously been unused in public health)
- Management skills at community work, leadership, collaboration, etc.
- Government position
  - Public attitude - perceptions
  - Budget implications/resources
- Established as a discreet vocation
  - Extend to community, non-government workers who are PH (how this gets done)  
(public/government leadership needs to get it...PH has specific needs)
- Cultural diversity critical
  - Think at strategies

#### **Recruiting PH Managers (trouble getting them)**

- Skills sought don't match salary scales
  - Our management skills transfer, BUT theirs is less so (?)
  - Private industry trains for specialist application...we don't yet (comm. Liaison issue)
- Lack of training in everyday PH work

(no system)  
**PH□□Managers**

(can't pay + geog. Limits)  
**Managers□□PH**

<Not doing either>

- Training valued? Determines access (build into costs)
- Establish career track (universities....succession planning needed for PH mgmt...may be different people)
- Establish training as an asset to the organization
- Constant learning expected
- All those “things” (multi method)
- Decrease “threat factor” associated with training (awareness with staff)
- A rational type/amount—planned and intentional, aligned with goals, strategic
- See North Carolina tool on 10 ESS
- Challenges/comfort level with technology
- Passion....the WHY can't be missing
- Computer literate w/f & make it fun
  - Older (less comfortable) ☐ Managers ☐ Setting Tone
- Learning Literacy
- Assessing learning needs
  - People don't know ... what they need to know ... who addresses this?
  - Be practical and start where they are at